

01311.001601.2



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: N/Y/A
Nicholas J. Doran, et al.)	
	:	Group Art Unit: 2631
Application No.: 10/713,037)	
	:	
Filed: November 17, 2003)	
	:	
For: OPTICAL FIBRE)	
COMMUNICATION SYSTEM	:	September 14, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SECOND PRELIMINARY AMENDMENT

Sir:

Prior to the examination of the above-identified Continuation Application
on the merits, please amend the application as follows.

IN THE CLAIMS, which begins on page 2 of this paper; and

REMARKS, which begins on page 5 of this paper.

09/16/2004 AADDF01 00000040 10713037

01 FC:1201
02 FC:1202

86.00 OP
216.00 OP



IFW
\$

In re Application of:

Docket No. 01311.001601.2

NICHOLAS J. DORAN, ET AL.

Application No.: 10/713,037

Examiner: N/Y/A

Filed: November 17, 2003

Group Art Unit: 2631

For: OPTICAL FIBRE COMMUNICATION SYTEM

Date: September 14, 2004

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 32	MINUS	** 20	= 12	x \$9 \$18	\$216.00
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$43 \$86	\$86.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$302.00

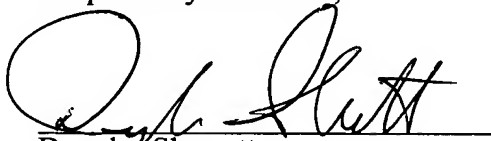
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$302.00 is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should now be directed to the address given below.

Respectfully submitted,



Douglas Sharrott
Attorney for Applicants
Registration No.: 39,832

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3800
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